POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

★Total of 11 forms are submitted.

Application Number	10/768,761
Filing Date	January 29, 2004
First Named Inventor	Clark Bendall
Title	Remote Video Inspection System
Group Art Unit	
Examiner Name	
Attorney Docket Number	702-102

I hereby appoint:		
☑ Practitioners associated with the Customer Number: OR	20874	
☐ Practitioner(s) named below:		
Name		Registration Number
as my/our attorney(s) or agent(s) to prosecute the application ide Trademark Office connected therewith. Please recognize or change the correspondence address for the		
 ☑ The address associated with the above-mentioned Customer OR ☐ The address associated with Customer Number OR 	Number. 20874	
☐ Firm <i>or</i> Individual Name		
Address		A strategic state of the state
Address		
City	State	ZIP
Country	•	
Telephone	Fax	
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S		· DAC alialad
	plicant or Assignee of I	Record DANIEL A. COOSAN
Name Clark Bendall		NOTARY PUBLIC-STATE OF NEW YORK,
Signature Mark Budall		No. 01-CO6102643
Date 3/19/2004		Qualified in Onondaga County 7/1
Date 3/19/2004 NOTE: Signatures of all the inventors or assignees of record o multiple forms if more than one signature is required, see below	f the entire interest or t	their representative(s) are required. Submit

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

	the state of the s
Application Number	10/768,761
Filing Date	January 29, 2004
First Named Inventor	Clark Bendall
Title	Remote Video Inspection System
Group Art Unit	
Examiner Name	
Attorney Docket Number	702-102

I hereby appoint:					•	
	sociated v	vith the Customer Number:	20)874]	
OR			2(]	
Practitioner(s) n	amed belo	DW:				
	-	Name			Registrati	on Number
as my/our attorney(s Trademark Office co		t(s) to prosecute the application ide herewith.	entified abov	e, and to transa	act all busine	ess in the United States Patent
Please recognize or	change th	ne correspondence address for the	above-ident	ified application	n to:	
☐ The address asso	ociated wi	th the above-mentioned Customer	Number.		,	
OR			20	874		
OR	ociated w	ith Customer Number			j	
Firm <i>or</i>					,	
Address						
Address						
City			State		ZIP	
Country						
Telephone			Fax			
I am the:						
Applicant/Inver	ntor.					
Assignee of rec	cord of the	e entire interest. See 37 CFR 3.71	١.			
Statement unde	er 37 CFR	3.73(b) is enclosed. (Form PTO/S	SB/96).			
		SIGNATURE of Ap	plicant or A	ssignee of Re	cord	
Name	Tom Brit	ton				
Signature	Thon	n 1) Julio				
Date	241	March 2004				
	all the in	ventors or assignees of record of		interest or the	ir represent	ative(s) are required. Submit
multiple forms if more		e signature is required, see belo	w.			

PTO/SB/81 (09-03)

Michellen of the County of the County

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and

CORRESPONDENCE ADDRESS **INDICATION FORM**

Application Number	10/768,761
Filing Date	January 29, 2004
First Named Inventor	Clark Bendall
Title	Remote Video Inspection System
Group Art Unit	
Examiner Name	
Attorney Docket Number	702-102

		- -				
I hereby appoint:					1	
	sociated with the Cus	tomer Number:	2	20874		
☐ Practitioner(s) r	named below:	·				-
	Name				Registration Number	
	->		lastified abo	us and to transc	est all husiness in the United States Datent o	nd
Trademark Office co	onnected therewith.	cute the application id	ienimeu abc	ive, and to transa	act all business in the United States Patent a	iiu
Please recognize or	change the correspo	ndence address for the	e above-ide	ntified application	ı to:	
	ociated with the abov	e-mentioned Custome	r Number.		,	
OR		. Niversham		20874		
OR	sociated with Custome	er Number	L			
Firm or						
Individual Name			***			
Address						
City			State	.	ZIP	
Country				<u> </u>		
Telephone			Fax	T		
I am the:			1, 4,			
☐ Applicant/Inve	entor.					
- ''		rest. See 37 CFR 3.7	'1			
		enclosed. (Form PTO/				
		SIGNATURE of A	pplicant or	Assignee of Re	cord	
Name	Edward B. Hubben	-	A		DANIEL A. COOGAN	
Signature	Edwa	1 B L		<u> </u>	NOTARY PUBLIC-STATE OF NEW YOU NO. 01-CO6102643	K
Date	Del	19 2	004		Qualified in Onondaga County	,
NOTE: Signatures of	of all the inventors or	assignees of record	of the entir	e interest or the	COMPUSATION AND SAME SAME SAME SAME SAME SAME SAME SAME	
multiple forms if mo		e is required, see bel	low*.		and the second s	

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/768,761
Filing Date	January 29, 2004
First Named Inventor	Clark Bendall
Title	Remote Video Inspection System
Group Art Unit	
Examiner Name	
Attorney Docket Number	702-102

1 b b				
I hereby appoint:				
☑ Practitioners ass	ociated with the Customer Number:	20874		
☐ Practitioner(s) na	amed below:			
	Name		Registr	ation Number
; 				
<u> </u>				
as my/our attorney(s) Trademark Office cor	or agent(s) to prosecute the application in nnected therewith.	fentified above, and t	o transact all bus	iness in the United States Patent and
Please recognize or o	change the correspondence address for th	e above-identified ap	plication to:	
	ciated with the above-mentioned Custome			
OR		20874		
☐ The address asso	ociated with Customer Number			
Firm or Individual Name				
Address				
Address				
City		State	ZI	P
Country				,
Telephone		Fax		
I am the:		· •		
Applicant/Inven	itor.			
Assignee of rec	cord of the entire interest. See 37 CFR 3.7	'1 .		
Statement unde	r 37 CFR 3.73(b) is enclosed. (Form PTO/	/SB/96).		
	SIGNATURE of A	pplicant or Assigne		DANIEL A. COOGAN
Name	Thomas W. Karpen			PUBLIC-STATE OF NEW YORK
Signature	Millianu -			No. 01-CO6102643
Date	\$10/A			on Expires December 08, 2007
NOTE: Signatures of	all the inventors or assignees of record	of the entire interes	t or their represe	entative(s) are required. Submit
multiple forms if more	e than one signature is required, see bel	low*.		11) 3

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/768,761
Filing Date	January 29, 2004
First Named Inventor	Clark Bendall
Title	Remote Video Inspection System
Group Art Unit	
Examiner Name	
Attorney Docket Number	702-102

I hereby appoint:						
☑ Practitioners as	sociated v	vith the Customer Number:	208	74		
OR ☐ Practitioner(s) n	amed hele	D.M.				
	arried ben	Name		Re	egistration Number	
				<u></u>		
				· · · · · · · · · · · · · · · · · · ·		
		t(s) to prosecute the application ide	ntified above	and to transact a	Il business in the United States F	Patent and
Trademark Office co			nuned above,	and to transact a	ii business in the Onited States F	aterit and
Please recognize or	change th	ne correspondence address for the	above-identific	ed application to:		
	ociated wi	th the above-mentioned Customer	Number.			
OR	nciated w	ith Customer Number	208	74		
OR	ocialeu w	in oustomer Number				
Firm or Individual Name						
Address				***		
Address	·					
City			State		ZIP	
Country						
Telephone			Fax			·
I am the:		-				Agranda Silingan da ang
	ntor.				.7	ا در
		e entire interest. See 37 CFR 3.71.			- DAG	المناكة التيا
Statement und	er 37 CFF	3.73(b) is enclosed. (Form PTO/S			DANIEL COOGAN	<u>ः शान</u> िक
	<u> </u>	SIGNATURE of App	olicant or Ass	ignee of Record	DANIEL A. COOGAN	W YORK
Name	Thomas	Eldred Lambdin			No. 01-CO6102643	253 7
Signature	The	mas E. Lambdin			Qualified in Onondaga C	
Date	Mar	ch 19, 2004	f the entire !-		nmission Expires Decemb	
multiple forms if mor	r all the II re than or	nventors or assignees of record or ne signature is required, see below	r trie entire in w*.	lerest or their re	presentative(s) are required. S	ubiill
X *Total of 11 form					= -	

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	10/768,761
Filing Date	January 29, 2004
First Named Inventor	Clark Bendall
Title	Remote Video Inspection System
Group Art Unit	
Examiner Name	
Attorney Docket Number	702-102

I hereby appoint:				
☑ Practitioners associated with the Customer Number:	208	274		
OR		7/4		
Practitioner(s) named below:				i
Name			Registration Number	
				ĺ
de la constitución de la constit	Alfad about		t all business in the United States Datest or	
as my/our attorney(s) or agent(s) to prosecute the application iden Trademark Office connected therewith.	ilined above,	and to transac	it all business in the United States Faterit al	iiu
Please recognize or change the correspondence address for the a	bove-identific	ed application	to:	
☐ The address associated with the above-mentioned Customer N				
OR	208	74		
☐ The address associated with Customer Number ☐ OR				
		•		
☐ Firm <i>or</i> Individual Name				
Address				
Address				
City	State		ZIP	
Country				
Telephone	Fax			
I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE	3/96).			
SIGNATURE of Appl	licant or Ass	ignee of Reco	ord	
Name Raymond A. Lia				
Signature V				
Date 2/22/04				
NOTE: Signatures of all the inventors or assignees of record of		terest or their	representative(s) are required. Submit	
multiple forms if more than one signature is required, see below *Total of 11 forms are submitted.	<i>r</i>			

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/768,761
Filing Date	January 29, 2004
First Named Inventor	Clark Bendall
Title	Remote Video Inspection System
Group Art Unit	
Examiner Name	
Attorney Docket Number	702-102

I hereby appoint:			
	ssociated with the Customer Number:	20874	
OR		20074	
☐ Practitioner(s) r			
	Name		Registration Number
as my/our attorney/s	s) or agent(s) to prosecute the application	identified above, and to trai	nsact all business in the United States Patent and
Trademark Office co		racritined above, and to trai	indust all business in the critical states i dione and
Dioces recognize or	r change the correspondence address for t	the above identified applica	tion to:
<u> </u>	sociated with the above-mentioned Custom		norr to.
OR	sociated with the above mentioned education	20874	
1 -	sociated with Customer Number	20074	
OR			PALL TO A STATE OF THE STATE OF
Firm <i>or</i> Individual Name			
Address		·	
Address	·		
City		State	ZIP .
Country	· · · · · · · · · · · · · · · · · · ·		
Telephone	·	Fax	
I am the:		1, 0	
Tam the. ☑ Applicant/Inve	entor		·
		74	
. – •	ecord of the entire interest. See 37 CFR 3 der 37 CFR 3.73(b) is enclosed. (Form PTC		
Statement und			Page 4
	1	Applicant or Assignee of F	Record
Name	Jon Salvati	•	about the state of
Signature	You Select	<u></u>	
Date	3-23-2004		
NOTE: Signatures of multiple forms if more	of all the inventors or assignees of recor are than one signature is required, see b	d of the entire interest or to elow*	heir representative(s) are required. Submit
	ns are submitted.		

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/768,761
Filing Date	January 29, 2004
First Named Inventor	Clark Bendall
Title	Remote Video Inspection System
Group Art Unit	
Examiner Name	
Attorney Docket Number	702-102

I hereby appoint:			
☑ Practitioners associated with the Customer Number:	20874		
OR			
Practitioner(s) named below:		Designation Number	
Name		Registration Number	
as my/our attorney(s) or agent(s) to prosecute the application ider	atified above and	d to transact all business in the United States Patent an	
Trademark Office connected therewith.	nilieu above, and	u to transact an business in the officer States Faterit and	٠
Please recognize or change the correspondence address for the a		application to:	
☐ The address associated with the above-mentioned Customer N OR			
☐ The address associated with Customer Number	20874	4	
OR			
☐ Firm or			
Individual Name			
Address			
Address			
City	State	ZIP	
Country			
Telephone	Fax		
I am the:			
Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE		10 CT - 10 CT	(4) 1 14
SIGNATURE of App	licant or Assigne		* , , , , , , , , , , , , , , , , ,
Name Joshua Scott		NOTARY PUBLIC-STATE OF NEW YORK	
Signature Coluca Scott		No. 01-CO6102643	``}
Date 7/14/2#	·	Qualified in Onondaga County	
NOTE: Signatures of all the inventors or assignees of record of		eQommissigneExploseQseember 98,52004	13 323 25
multiple forms if more than one signature is required, see below *Total of 11 forms are submitted.	∀ *.	7/14/64m	14. V. 1

AUG 0 9 2004 AUG TRADEMAN

PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/768,761
Filing Date	January 29, 2004
First Named Inventor	Clark Bendali
Title	Remote Video Inspection System
Group Art Unit	
Examiner Name	
Attorney Docket Number	702-102

I hereby appoint:						_		<u>-</u> -	
☑ Practitioners a	associated v	with the Cus	stomer Number:	2	0874				
OR				<u> </u>					
Practitioner(s)	named bei		-	-		Dogistra	tion Number	-	\neg
-		Name				Registra	tion Number		
			•						_
					<u> </u>				
as my/our attorney	(s) or agen	t(s) to pros	ecute the application	identified abov	e, and to tran	sact all busi	ness in the Unit	ed States Pate	nt and
Trademark Office									
Please recognize	or change t	he corresno	ondence address for	the above-iden	tified applicati	ion to:			
			e-mentioned Custor		пос арриоси				
OR					0874	\neg			
☐ The address a	ssociated w	ith Custom	er Number		JO / 4				
OR		1							
Firm or Individual Nam									
Address	ie	_							
\ddress							· · · · · · · · · · · · · · · · · · ·		
City				State	T	ZIF	<u> </u>	···	
				Otate	<u> </u>				
Country				Fax	· · ·			1.41	
elephone				Гах					
I am the:									
Applicant/Inv									
•			erest. See 37 CFR 3				7	-010	2/1
Statement un	aer 37 CFF	(3.73(b) is	enclosed. (Form PT		•••		DANIEL A	A LOYA	~ 2/1
			SIGNATURE of	Applicant or A	ssignee of R	CCOIU	PUBLIC-STATI	OOGAN	
Name	Ken vor	Feiten	1				No. 01-CO6) KA
Signature	1	10.	tale	>			ed in Onon		ty [⇔] →
Date	3/19	104	,			Commissi	on Expires D	ecember 0	8, 2007
NOTE: Signatures	of all the in	nventors or	assignees of reco	rd of the entire	interest or th	neir represe	ntative(s) are r	equired. Subm	nit Trees
nultiple forms if m	ore than or	ne signatur hmitted	e is required, see b	elow*.			_		713. (19)

Under the Paperwork Reduction Act of 1995, no pe

PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/768,761
Filing Date	January 29, 2004
First Named Inventor	Clark Bendall
Title	Remote Video Inspection System
Group Art Unit	
Examiner Name	
Attorney Docket Number	702-102

I hereby appoint:					<u></u>			
_	ssociated v	vith the Customer N	Number:	21	0874	1		
OR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			JO / 1]		
☐ Practitioner(s)	named bel					·	· · · · · · · · · · · · · · · · · · ·	7
		Name				Registrat	tion Number	4
as my/our attorney Trademark Office of	(s) or agen connected t	(s) to prosecute th herewith.	ne application iden	itified abov	e, and to trans	act all busi	ness in the United States Pater	nt and
Please recognize o	r change ti	ne correspondence	address for the a	ıbove-iden	tified application	n to:		
The address as	sociated w	th the above-ment	ioned Custome <u>r N</u>	lumber.		,	0	
OR		:u- O	.	20	874			
☐ The address as OR	sociated w	in Customer Numb	ber			J		
Firm or Individual Name	е							
Address								
Address								
City				State		ZIP		
Country								
Telephone				Fax				
I am the:								
Applicant/Inv	entor.							
Assignee of r	ecord of th	e entire interest. S	See 37 CFR 3.71.					
Statement und	der 37 CFF	3.73(b) is enclose	ed. (Form PTO/SB	/96).				
		SIGI	NATURE of Appl	icant or A	ssignee of Red	cord		
Name	~Todd At	emathy Toda	d Abernet	thy	TX			
Signature		Tod	d Abernet d Abernet	ther				
Date		03,	123/04	0				
NOTE: Signatures multiple forms if mo					interest or thei	ir represen	tative(s) are required. Submit	
Total of 11 form	ns are sub	mitted.	Juneu, see below	•				

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE o a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCI.
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

re required to respond to a collection of	information driess it displays a valid Civib condomitamber.
Application Number	10/768,761
Filing Date	January 29, 2004
First Named Inventor	Clark Bendall
Title	Remote Video Inspection System
Group Art Unit	
Examiner Name	
Attorney Docket Number	702-102

I hereby appoint:				
☑ Practitioners associated with the Customer Number:	20	874		
OR				
Practitioner(s) named below:			Designation Number	$\overline{}$
Name		·	Registration Number	
as my/our attorney(s) or agent(s) to prosecute the application in	dentified above	e, and to transact	all business in the United States I	Patent and
Trademark Office connected therewith.				
Please recognize or change the correspondence address for the	e above-identi	fied application to	o:	
☑ The address associated with the above-mentioned Custome Output Description Description				
OR	20	874		
☐ The address associated with Customer Number OR				
☐ Firm or				
Individual Name				
Address				
Address				
City	State		ZIP	
Country				
Telephone	Fax			
I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.7	71 .			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/	'SB/96).	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE of A	oplicant or As	signee of Recor	rd	
Name Scott Osiecki				
Signature Multi-				
Date 3/23/04				
NOTE: Signatures of all the inventors or assignees of record		nterest or their r	epresentative(s) are required. Su	ıbmit
multiple forms if more than one signature is required, see bel *Total of 11 forms are submitted.	ow".			